

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/583 795

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/			
2			/			
3			/			
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7					6	
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11			/			
12				1		
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15					6	
16			/			
17			/			
18			/			
19					0	
20					0	
21					0	
22					0	
23					0	
24			1			
25			1			
26			1			
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TOTAL IND.			22		22	
TOTAL DEP.			29		29	
TOTAL CLAIMS			51		51	

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.					22	
TOTAL DEP.			29		29	
TOTAL CLAIMS			51		51	